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| **MSKU Faculty of Medicine**  **Special Study Module Suggestion Form for Instructors (English Program)** | | | | |
| **Academic year** | **20… - 20…** | | | |
| **Special Study Module Code:** | **MED-** | | | |
| **Special Study Module Name:** |  | | | |
| **Department:** |  | | | |
| **Responsible Instructor(s):** |  | | | |
| **E-mail address:** |  | | | |
| **Phone number:** |  | | | |
| **Study Module Training Team:** |  | | | |
| **Accepted Student Phase(s):** |  | | | |
| **Number of Students to be Accepted:** | **Max:** |  | **Min:** |  |
| **Special Study Module Aims/ Objective(s):** |  | | | |
| **Special Working Module Methods:** |  | | | |